

DC Teen Health Program(DC THP)

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Background

- Target Population: African-American adolescents aged 13-20 residing in Wards 7 and 8 of Washington, DC.
- Health Issue: Lack of access to health care such as, health literacy, transportation, and available health resources.

The health disparity/issue that we are targeting is the lack of access to health care within Wards 7 & 8 that is specifically aimed at African American adolescents between the ages of 13-20 years of age. The lack of access to health care in these wards is important because it increases the risk of youth having long term health issues such as asthma or obesity, which can lead to hypertension and diabetes. This is imperative because the future of our youth is determined by their ability to see a provider and obtain the necessary preventive care. This health disparity affects many in the community because the majority of them are impacted with higher rates of death and more emergency department visits that could have been prevented with more access to healthcare providers. In order to effectively increase access to health care in Wards 7 & 8, we have created an interactive program that targets areas with little transportation, fewer clinics and creates a very accessible service.

Health Improvement goals

Our mission is to decrease emergency department visits for conditions that can be prevented through primary care (e.g. asthma flare-ups) of adolescents in Wards 7 & 8 by 20% by 2019. We also aim to increase number of providers in the area by 5%, increase visits to health clinics by 20% by 2018, and decrease rates of STI/STD transmission among adolescents by 10%.

The DC THP will focus on the lack of health care access for teenagers in Wards 7 and 8. This includes transportation, the amount of primary care clinics in the area, and the health literacy. The problem lies in that 35% of children in DC are overweight or obese. Furthermore African American Washingtonians are 3.7 times more likely to be overweight than their white counterparts. Another large problem in Wards 7 and 8 are the low amount of primary care clinics and the lack of pediatric care, between 2010-2014 only 5% of all hospital discharges were from pediatric care centers.

Program Activities

Clinical trucks will be moving within Wards 7 and 8 to help with knowledge of preventive care and the importance of healthy eating. Free care and free transportation such as ride-sharing credits and shuttle buses will attract people to attend our events, as well as remedy the issue of transportation. Clinical trucks will include:

- Asthma Maintenance
- Checkups for diabetes and hypertension
- STI Testing
- Vaccines
- Free condoms



CDC, 2016

We plan on having a **health fair** every other month at a recreational center in either Ward 7 or 8 to raise awareness of health problems affecting minorities in low-income areas in order to increase health. Health fairs will be located at either Anacostia Rec Center or Benning Stoddert Rec Center every other month with transportation. Fairs will include include:

- Free food and music
- Free healthy cooking classes
- Free testing



Project Timeline

The DC THP will have a weekly and monthly timeline. Every week there will be a health truck at specific location in Wards 7 & 8 supplying preventive care for everyone, but most specifically adolescents. The health truck will be free, but residents have to supply valid paperwork of DC residency and complete a mandatory evaluation of services. The health truck will include free condoms, pamphlets on issues targeting adolescents, and preventive care.

In addition, every 2 months there will be a health fair that includes free STD testing, free information sessions for various age groups, free preventive care options, information on free assistant programs in DC, and healthy cooking lessons. We plan on having our goals met a full calendar year after the first health fair.

Program Evaluation

This program will be evaluated using a multi-pronged approach. Our health goals are aimed at reducing emergency department visits, increasing the number of visits to primary care clinics and reducing STI/STD transmission rates in our target population. As a result, we will use relevant data from clinics in Wards 7 & 8 on primary care and emergency department visits. In addition we will look at DC Department of Health's Annual Epidemiology and Surveillance Reports for the District of Columbia to assess the rates of STD/STI transmission among adolescents ages 13-20 in Wards 7 & 8. These outcomes will be measured after one year of DC THP's implementation.

Furthermore, given the nature of our program, it will also be judged by the people utilizing it. Therefore we will be administering surveys at all of the monthly health fairs and a mandatory evaluation at the clinical trucks. These surveys will help assess and evaluate the efficiency of the program and changes that need to be made. Thus, we will be asking questions such as: "Do you believe they learned anything new from the fair?" or "Do you feel more capable of maneuvering through DC health care following the fair?" Their overall satisfaction with the program and if they would participate again will also be assessed.

Connections: Why should you care?

"People should care because if I, or anyone else, have any medical problems we would want to be seen by a doctor and taken care of." - Demia (Ward 8)

"You should care because if someone gets injured they should not have to worry about paying for care, but be focused on getting the care" -Mercedes (Ward 7)

"People should care because it is a problem. All humans should not be judged off of where they live or how much money they make. They should be able to have care regardless" -Elijah (Ward 8)

Reason for program

The main reasons for the creation of the DC THP is that our group identified and assessed the disparities occurring among African-American adolescents. After recognizing the main issues with access to health care we proposed a plan to combat the underlying obstacles. The primary obstacles associated with access to health care was transportation, lack of access for preventive care, and lack of knowledge of major health problems.

Sources

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